U.S. Pulari and Trademark Office: U.S. DEPARTMENT OF COMMERCE Inder the Paparson Reduction Act of 1995, no paraces are required to respond to a collection of information unless & displays a wald CMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Apologisty or Dochel Hymbel o

_			Subal	tute for Form P	10-875	Effect	ve December 6	, 2004		4 18	1: 10:5	
APPLICATION AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY									OR	OTHER THAN SMALL ENTITY		
_			, , ,			7		1	7	<u> </u>	, 6141111	
74	FOR .	- NAUN	MUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (I)	4	RATE (1)	FEE (1)	
61	CFR 1 15(0) [6] 0	i KII	N/A :		N/A		N/A	150.00		N/A .	300.00	
	ARCH FEE CFR 1 16(1), 16, or	(al)	NA		N/A .		₩A	\$250]:	· N/A	\$500	
	AMINATION FEI		NA		N/A		N/A	\$100	7.	N/A	\$200	
TO	TAL CLAMS OFR 116(4)	7	minus :	20 • •	7		X\$ 25 .		OR	X\$50 .	1	
N	DEPENDENT CL OFR 1 15(N)	AIMS	minus (3			X100 .	•	1.	X200 .	1	
AP FE	PLICATION SIZE	sheets (is \$260 addition	of paper, 1 (\$125 for tal 50 she	n and drawings the application a small entity) for ets or fraction th)(G) and 37 CF	size fee du r each hereof, Sei	•						
MIL	LTIPLE DEPEN	DENT CLAIM PRE	:SENT (37	CFR 1 16(ji)		7	. +180=		1	+360=		
•#	the difference in	column 1 is less ti	hạn zero, er	nter "0" in column	2.		TOTAL		1 ,	TOTAL		
APPLICATION AS AMENDED - PART II										-	-	
		•	• • • • • • • • • • • • • • • • • • • •			•		•	OR	. OTHE	R THAN	
-	· ·	(Column 1)		(Column 2)	(Column :	<u>)):</u>	SMALL	ENTITY .	•		ENTITY .	
¥	19.00	CLAIMS REMAINING AFTER AMENDMENT		NUMBER PRESEI PREVIOUSLY EXTR			RATE (4)	ADDI- TIONAL FEE (5)		RATE (6)	ADDI- TIONAL FEE (1)	
AMENDMENT	Total green usen	18	Minus	-33			X\$.25 .	. \	OR	X\$50	<u></u>	
2	Independent - OF CFR LIGHT	. 9	Minus	;;	•	1	X100 _		OR	X200 .	7	
ME	Application Str	e Fee (37 CFR 1.	16(6))						1			
4	PRST PRESENT	TATION OF MULTIPL	TE OEDENO!	ENT CLAIM PT CF	R 1.16@)		+180 =		OR	+360=		
	<u> </u>				•		TOTAL ADD'L FEE	/	OR	TOTAL ADD'L FEE		
•	٠.	(Column 1)		. (Column 2)	(Column 3	n		•		•		
É	8/4/6	CLAIMS REMAINING AFTER. AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EKTRA	ו רי	RATE (\$)	ADDI- TIONAL FEE (f)		RATE (5)	ADOI- TIONAL FEE-(S)	
	Total or oracle	• 23°	Minus	3 3	1	7	X\$ 25 .		OR.	X\$50 .		
21	Independent OF CFR 1.140 D	•	Minus ·	" 3.	• /	7]	X100	•	OR -	X200 _	1	
ğ	Application Stre Fee (37 CFR 1.16(s))]]			~ ``		+	
	PRIST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.14(2))						+180=		OR	+360±	• (
							TOTAL ADDL FEE	. \	OR	TOTAL ADO'L FEE	. \	
						_	-			. • •		

* If the entry in column 1 is less than the entry in column 2, write "O' in column 3.

** If the "Highest Number Previously Paid For" (IN THIS SPACE is less than 20, enter "20".

** If the "Highest Number Previously Paid For" (IN THIS SPACE is less than 3, enter "2".

The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.

I collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the "PIO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, ading gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments he amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. OO NOT SEND FEES OR COMPLETED FORMS TO THIS XRESS. SEND TO: Commissioner for Patients, P.O. Box 1460, Alexandria, VA 22313-1450.

If the entry in column 1 is less than the entry in column 2, write "O" in column 3